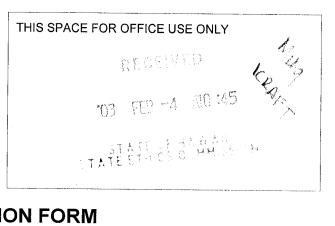


, A.

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



LOBBYIST REGISTRATION FORM

	(Type o	or Print Clearly)			
PART I LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
Morris	George	A. "Red"	808/531-4551		
MAILING ADDRESS (Street)	ni .		FAX		
222 S. Vineyard Street, Suite 401			808/533-4601		
(City)	(State)	(Zi _l	(Zip Code)		
Honolulu	Hawaii		96813-2453		
EMPLOYING ORGANIZATION (Fill in only if y	ou are employed by a busines	s entity which has been retained to lobby)	TELEPHONE		
G. A. Morris, Inc.			808/531-4551		
MAILING ADDRESS (Street)			FAX		
222 S. Vineyard Street, Suite 401			808/533-4601		
(City)	(State)	(Zi _l	Code)		
Honolulu	Hawaii		96813-2453		
PART II ORGANIZATION					
Kraft Foods North America, Inc., thru its se	ervice corporation, Altria (Corporate Services, Inc.	TELEPHONE: 916/441-2288		
MAILING ADDRESS (Street)			FAX: 916/441-2897		
915 L Street, Suite 1410					
(City)	(State)	(Zip	Code)		
Sacramento	CA		95814		
NAME OF PERSON RESPONSIBLE FOR PRE	PARING ORGANIZATION'S	EXPENDITURES STATEMENT	TELEPHONE: 916/441-2288		
César Vargas	•				
MAILING ADDRESS (Street)	,		FAX: 916/441-2897		
915 L Street, Suite 1410					
(City)	(State)	(Zip	Code)		
Sacramento	CA		95814		
AND					

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY								
[]	Agriculture	[]	Education	[]	Human Services	[]	Science, Technology & Economic Development
[]	Communications & Public Utilities		Government Operations & Finance	1	1	Intergovernmental Relations, International Affairs	[]	Tourism & Recreation
[]	Consumer Protection & Commerce	[] 1	Hawaiian Affairs	[]	Labor & Employment	[]	Transportation
[]	Culture, Arts, Historic Preservation	[]	Health	[]	Planning, Land & Water Use Management	x	Other: (indicate below)
[]	Ecology, Energy Environmental Protection		Housing] []	Public Safety & Corrections		Food Manufacturer
[]				[]		EIVEDI	BY U.S. MAIL Book

PART IV CERTIFICAT	ION OF LOBBYIST	
I hereby certify that	the information furnished above is, to	the best of my knowledge, correct and complete.
Cyl	\ . •	01/30/03
	(Signature of Lobbyist)	(Date)
PART V AUTHORIZAT	TION TO LOBBY	
NAME		LE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
César Vargas	Re	gional Director, Government Affairs
NAME OF ORGANIZATION (if a	applicable)	TELEPHONE: 916/441-2288
Altria Corporate Services, Inc.		
MAILING ADDRESS (Street)		FAX: 916/441-2897
915 L Street, Suite 1410		
(City)	(State)	(Zip Code)
Sacramento	CA	95814
I hereby authorize the	e above - named person to engage in	lobbying activities on behalf of the undersigned.
<u> </u>		1/30/03
(Sigr	nature of Authorizing Officer or Person Represe	